

Certificate of Express Mailing

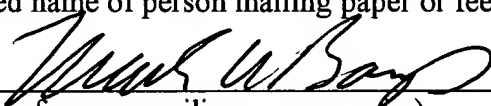
"Express Mail" Mailing Label Number: EJ745195439US
Date of Deposit: 04/04/2000
Ref: Case Docket No.: P3316
First Named Inventor: Christopher Clemmett Macleod Beck et al.
Serial Number: 09/182,745
Filing Date: 10/28/1998
Title of Case: Method and Apparatus for Building Multimedia Applications Using Interactive Multimedia Viewers

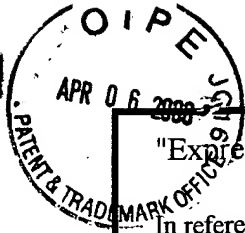
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Supplemental Amendment.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Letter to the Official Draftsperson.
5. Red-lined copy of Fig. 11 for examiners approval.
6. Certificate of express mailing.
7. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing papers or fee)



04-10-00

2776

"Express Mail" Mailing Label Number: **EJ745195439US**

CASE DOCKET NO. **P3316**

In reference to application of **Christopher Clemmett Macleod Beck et al.**

Serial No. **09/182,745**

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For **Method and Apparatus for Building Multimedia Applications Using Interactive Multimedia Viewers**

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
- ☐ Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	20	Minus	**20	0	\$09.00	\$18.00	\$0
Indep. Claims	4	Minus	***4	0	\$39.00	\$78.00	\$0
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$0
Total additional for claims and time extensions							\$0

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of _____ is attached.

☐ Charge \$ _____ to deposit account _____ (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted,

Donald R. Boys
Reg. No. 35,074

Central Coast Patent Agency
P.O. Box 187
Aromas, CA 95004
(831) 726-1457